PLEASE TYPE OR PRII	NT Entered previous May Show
	₩ yes □ no
Ms. Mr. Artist Part	Highes Schneide
Permanent .	(Last Name Last)
Address 26/0 Eyet	
4411 G Street Tel	.016 321-6353
Zip Area	Code
Temporary or Studio Address	
Street	City
Tel	.(*)
Zip Area	Code
If you do not presently	live in one of the counties of the
Western Reserve, in which	ch county were you born?
Collaborator	
	(If Any)
	not accepted or not sold:
Artist will pick up at	
Museum should disp	
to this address:	to artist at artist's expense

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain or exhibition until July 1, 1984.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

